

ADDRESSING RACIAL/ETHNIC INEQUITIES IN MATERNAL HEALTH IN THE GREATER BOSTON AREA

A FOCUS ON COMMUNITY-BASED SOCIAL SUPPORT SERVICES

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BACKGROUND

Racial/ethnic inequities in maternal health persist in which Black and Native individuals experience worse outcomes when compared with white individuals, even after adjusting for socioeconomic factors. **Gaps in social support during pregnancy and the first year after childbirth contribute to these inequities in maternal health.**

Community-based organizations (CBOs) and allied organizations¹ address critical gaps in social support but may not be adequately equipped to optimize outcomes.

Funded by The Boston Foundation, this two-year project launched in 2019 and is a partnership with [The Boston Foundation](#), Harvard T.H. Chan School of Public Health [Women and Health Initiative](#), and [Ariadne Labs](#).

AIMS

Our project aims to

1. Identify gaps in social support services among CBOs for clients of color during pregnancy through one year after childbirth;
2. Identify CBO assets, resources, programs, and expertise;
3. Identify relationships among CBOs in the Greater Boston Area; and
4. Create a solution prototype to address the gaps in social support services.

To achieve the first two aims, we conducted surveys and interviews with CBOs (n=17) in the Greater Boston Area to identify gaps in social support services and identify CBO resources, programs, expertise, and networks. To achieve the third aim, we developed a network map of the CBO sectors that provide social support services to pregnant and postpartum clients. To achieve the fourth aim, we organized design workshops to co-create a set of solution prototypes for the gaps in social support for pregnant and postpartum clients identified in our first phase of work.

¹ We use the term "CBOs" throughout this document to refer to CBOs and allied organizations.

SURVEY & INTERVIEW METHODS & FINDINGS

Our survey respondents represented CBOs from the following sectors:

- > Health Care (4)
- > Mental Health (3)
- > Early Childhood (3)
- > Care Coordination (3)
- > Doula Care (2)
- > Education (2)
- > Public Health (1)
- > Housing (1)
- > Public Interest Law (1)

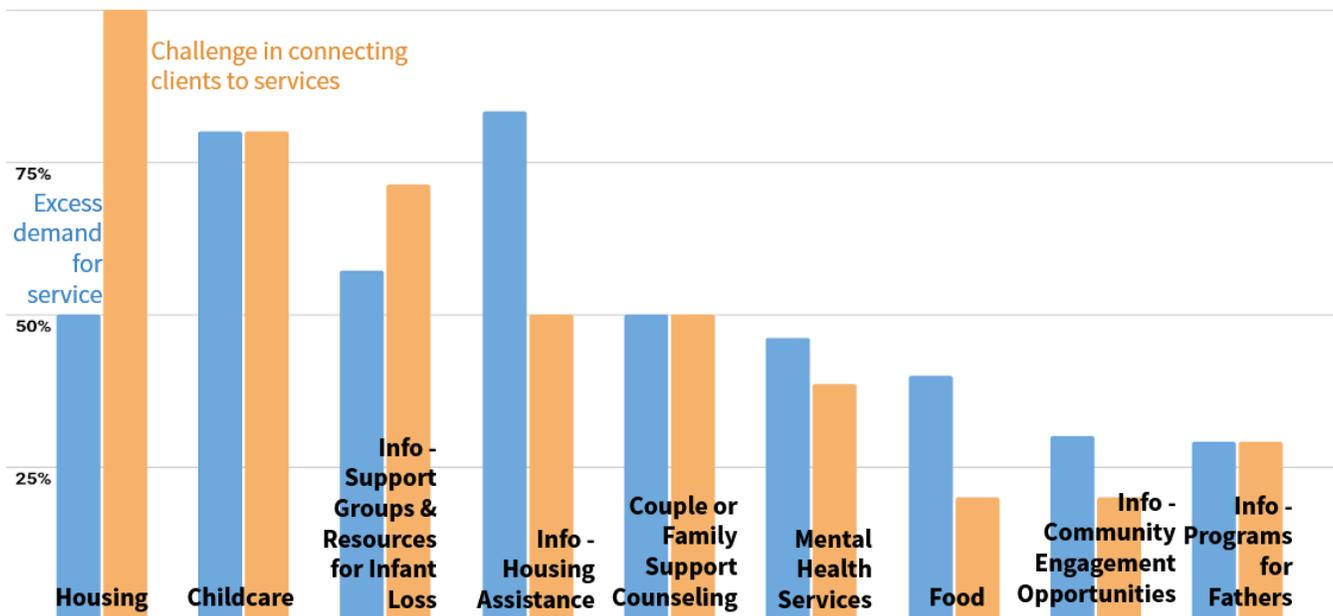
Our interview respondents represented CBOs from the following sectors:

- > Health Care (4)
- > Public Health (3)
- > Mental Health (3)
- > Material Assistance (1)
- > Doula Care (1)
- > Public Interest Law (1)

Among interview respondents, organization types included: hospital program/department (4), city health department programs (2), 501c3 (3), and other types (5).

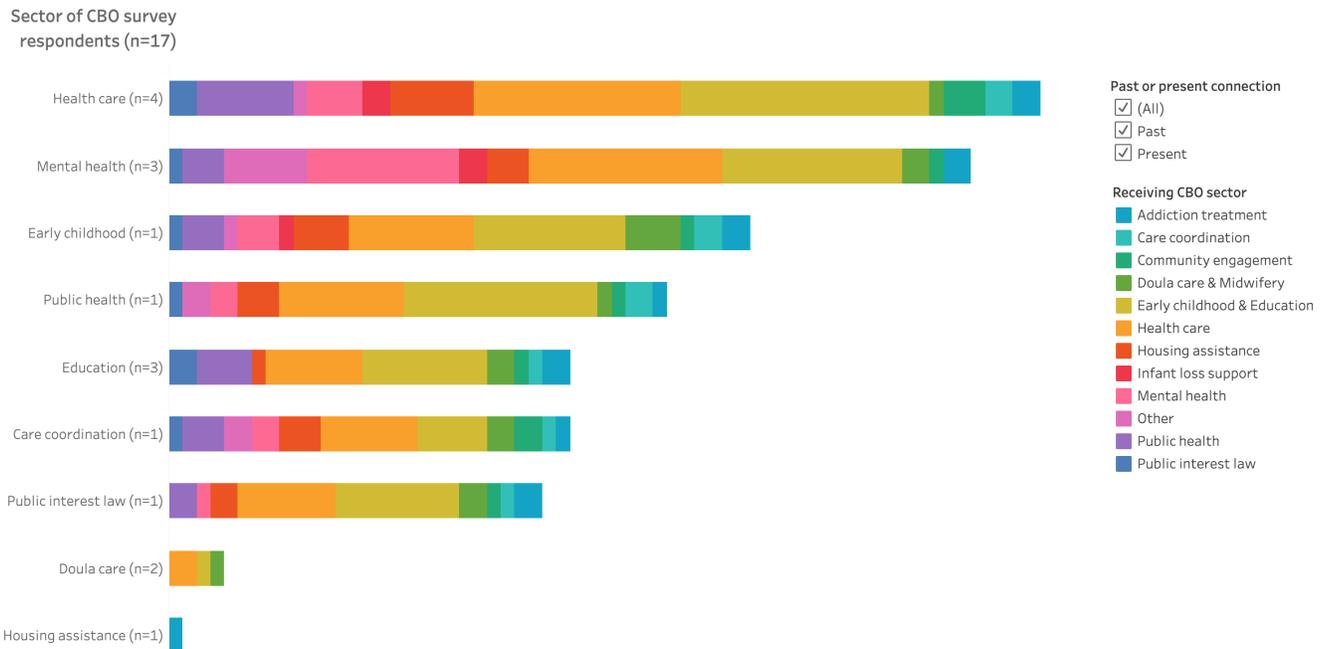
In our assessment of CBO gaps and assets, respondents identified housing, childcare and support groups and resources for pregnancy and infant loss as the top gaps in social support services (Figure 1). We conducted a network analysis to understand referral pathways and connections between CBOs (Figure 2). We found that the health care and mental health sectors were most connected to CBOs in the network. We presented these findings at a networking reception of over 140 participants, including participants from the study and other CBO members, researchers and policymakers in October 2020.

Figure 1. Gaps in Social Support Services for Pregnant and Postpartum Clients: Excess demand and challenges faced by CBOs



Note: The graph shows percentages of CBOs that provide the service.

Figure 2. Referral and Collaboration Networks among CBO Respondents



Interview participants identified structural and interpersonal racism in Greater Boston and CBOs as well as lack of coordination of CBOs as top challenges to providing social support services for clients of color (Figure 3). The COVID-19 pandemic exacerbated these challenges due to increased demand for services and shifting scopes of work among CBOs.

Figure 3. Top Challenges to Accessing Social Support Services

	<p>Structural & interpersonal racism in the Greater Boston Area</p>	<p>Examples of structural racism included involvement with the criminal legal system, immigration system, and Department of Child & Family Services; and the legacy of redlining. Interpersonal racism examples included clients' experiences with healthcare providers, employee experiences within their CBOs, and internalized/anticipated racism by their clients.</p>	<p><i>"...Things like redlining where families of color were disenfranchised from being able to access the property ladder and thus accumulate that sort of wealth that many white families have always had access to..."</i></p>
	<p>Structural & interpersonal racism within CBOs</p>	<p>There is a need for more CBO staff of color and staff who speak multiple languages to support the referral process for clients with diverse identities and lived experiences.</p>	<p><i>"I think identifying the providers who look like you, and who have an understanding of you, or are coming from a perspective of cultural competency is a big thing..."</i></p>
	<p>Lack of coordination of services</p>	<p>CBO employees expressed a desire for increased awareness and collaborations among organizations in their own networks, improved resource collaboration and data sharing, and better integration of social support services with clinical services.</p>	<p><i>"I'm sure there are programs that exist all over Boston that I'm unaware of that I could potentially share with some of these clients. I only know what I know."</i></p>

DESIGN WORKSHOP FINDINGS

In Fall 2020, we hosted three design workshops over Zoom to co-create a set of solutions for the gaps identified in our first phase of work. We followed Stanford University’s Hasso Plattner Institute of Design (known as the “d.school”) and IDEO’s framework for design thinking, bringing together a diverse group of healthcare organizations and CBOs through a structured brainstorming process. Fifteen unique organizations participated representing the following sectors:

- > Health Care (3)
- > Public Interest or Legal (3)
- > Public Health (2)
- > Mental Health (2)
- > Early Childhood (1)
- > Care Coordination (1)
- > Doula Care (1)
- > Education (1)
- > Housing (1)

We organized our design workshops around the following goals:

1. leverage findings from interviews and surveys of CBOs and allied organizations to focus on high-impact opportunities for solution prototyping;
2. provide multiple opportunities for input from a variety of organizations; and
3. assess the usefulness of potential solutions with CBOs and allied organizations.

Ultimately, we aimed to enhance co-production and ownership of the solution prototype through the design workshops.

During the workshops we discussed potential solutions to address the top challenges for social support for birthing people of color, as well as facilitators and barriers relevant to the solutions, and their potential impact in Greater Boston (*Figure 4*). We discussed key considerations in Greater Boston, including: Boston’s history with racism, high rates of healthcare coverage in Massachusetts, regional inequality, and variations in local governance across Greater Boston.

Figure 4. Solutions Identified for the Top Challenges to Accessing Social Support Services

	<p>Structural & interpersonal racism in the Greater Boston Area</p>	<p>Solutions</p> <ul style="list-style-type: none"> Support alternative birthing options for pregnant and birthing people when representation does not exist in the healthcare system Advocate for policies to enhance coverage for social support providers (doulas, outpatient breastfeeding support) Hold doula trainings and workshops specific to birthing people who identify as Black, Indigenous, and People of Color (BIPOC) Incorporate anti-racism and microaggression training into the healthcare system
		<p>Facilitators</p> <ul style="list-style-type: none"> Acknowledge history and lived experiences of birthing people of color Strengthen informal support networks; Invite culture change that is accountable in practice
		<p>Barriers</p> <ul style="list-style-type: none"> Historically restrictive policies in birth center/birth worker accreditation Lack of anti-racist curricula at all professional levels
	<p>Structural & interpersonal racism within CBOs</p>	<p>Solutions</p> <ul style="list-style-type: none"> Provide payments to community members for participating in programming Create a deliberate strategic plan to address equity Offer professional development for BIPOC staff Implement recruitment and hiring practices to ensure and support a diverse workforce
		<p>Facilitators</p> <ul style="list-style-type: none"> Make a plan within the organization that is intentional and measurable, available to the whole organization
		<p>Barriers</p> <ul style="list-style-type: none"> Language is not always accessible for all
	<p>Lack of coordination of services</p>	<p>Solutions</p> <ul style="list-style-type: none"> Centralized, coordinated or collaborative intake systems for social support needs Coalition that includes community members and birthing people to ensure social support services are prioritized during pregnancy and postpartum City-wide shared data (e.g. website) about available social support services and eligibility criteria Health navigators at the city level to help individuals navigate social support referrals
		<p>Facilitators</p> <ul style="list-style-type: none"> Build-up existing networks of services that already exist Obtain necessary human and financial resources to sustain intake systems
		<p>Barriers</p> <ul style="list-style-type: none"> Staffing all necessary roles Identify backbone organization to lead coalition

We held a final, internal workshop to analyze and integrate the findings from the workshops. We included experts in design thinking and maternal health in Boston to encourage our team to think strategically about the best focus for designing a solution to support CBOs and allied organizations. Based on our organizations' positionality at Harvard and expertise in designing and evaluating health system solutions, we focused on the opportunity to improve coordination and collaboration between CBOs and allied organizations with a racial equity lens. Several themes arose in this session, including:

Co-location of multiple solutions



Participants explored the opportunity for several of the proposed solutions to complement each other. Specifically, a coordinated intake system that feeds into a health navigation program was an example of how this approach could improve coordination and create access points to referrals.



Shared ownership of social support services and eligibility criteria data

Ownership of data and privacy protections were brought up as important considerations. Many flagged that the data-owning organization would need to earn the trust of the community and have the capacity to report on the data.



Locus of decision-making about triage and referrals

Within intake systems, there exist different models that place the responsibility of connecting clients to services on the provider or the birthing person themselves. Participants discussed opportunities for technology to automate a process that makes referrals easier and more efficient.



Strengthening and coordinating existing programs

Participants acknowledged a need to strengthen resources and programs that exist, which can avoid duplication of services, fill gaps, and build community trust.

SOLUTION PROTOTYPE

Our proposed solution prototype is a coalition of partners using a Collective Impact model with a racial equity lens that can facilitate inclusive coordination between the health care delivery system and social service system in the Greater Boston Area, by utilization of a digital platform that connects CBOs with each other and with birthing people (*Figure 5*). In addition to coordinating social support services, the coalition will participate in advocacy efforts to advance policies addressing structural racism in Greater Boston and within their organizations. The shared goal of the partners is to build a coalition to address racial/ethnic inequities in social support services for people navigating pregnancy and first year after childbirth. The Collective Impact model aims to promote Cross-Sectoral Engagement, Accountability, and Trust. We will achieve success by meeting the five conditions of Collective Success & maintaining an explicit racial equity lens, including

1. a common agenda
2. shared measurement systems
3. mutually reinforcing activities
4. continuous communication, and
5. an identified backbone support organization.

Figure 5. Overview of Solution Prototype



1. https://ssir.org/articles/entry/collective_impact#

CONCLUSIONS & NEXT STEPS

This study highlights the important work of CBOs in addressing social support needs for clients of color during pregnancy and the transition to parenthood. Persistent gaps described by CBOs in meeting their clients' needs include insufficient capacity to meet demand for housing, childcare, mental health, and support groups for miscarriage, stillbirth, and infant loss. Structural and interpersonal racism harms communities of color and contributes to the lack of provision of comprehensive social support services. We highlight the need for maternal health advocates, community members, health care providers, and social care organizers to come together and co-create solutions to address the gaps identified. CBOs should be key partners in developing solutions to address social support needs during pregnancy and the transition to parenthood.

With CBO collaborations in place and lessons learned, Ariadne Labs and the Women & Health Initiative at Harvard T.H. Chan School of Public Health are positioned to develop and assess a solution to improve CBO collaboration and coordination of services while addressing the impact of structural and interpersonal racism that affects systems-level change. In our next phase of work, we will refine the solution prototype for field testing with local partners and develop instruments to assess its impact.